

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002926

Entity Name: SMARTMATIC USA CORP.**Current Principal Place of Business:**1001 BROKEN SOUND PARKWAY, SUITE D
BOCA RATON, FL 33487**Current Mailing Address:**1001 BROKEN SOUND PARKWAY, SUITE D
BOCA RATON, FL 33487**FEI Number:** 45-4736528**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MUGICA, PEDRO
1001 BROKEN SOUND PARKWAY, SUITE D
BOCA RATON, FL 33487 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|---------------------------------------|
| Title | D |
| Name | MUGICA, PEDRO P |
| Address | 1001 BROKEN SOUND PARKWAY, SUITE D |
| City-State-Zip: | BOCA RATON FL 33487 |

| | |
|-----------------|---------------------------------------|
| Title | DST |
| Name | SANDOVAL, NICOLAS |
| Address | 1001 BROKEN SOUND PARKWAY, SUITE D |
| City-State-Zip: | BOCA RATON FL 33487 |

| | |
|-----------------|---------------------------------------|
| Title | D |
| Name | ZORILLA, EDGAR |
| Address | 1001 BROKEN SOUND PARKWAY, SUITE D |
| City-State-Zip: | BOCA RATON FL 33487 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PEDRO MUGICA**DIRECTOR****02/28/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date